

## SEMI-ANNUAL LOBBYING EXPENDITURE REPORT FOR EMPLOYERS OF LOBBYISTS

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INSTRUCTIONS: This Semi-Annual Lobbying Expenditure Report is for reporting all expenditures relating to lobbying in the State of Tennessee. Pursuant to T.C.A. § 3-6-303(a), this Report is due within forty-five (45) days after the conclusion of the six-month periods ending March 31 and September 30. The Report must be filed with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243. If you have questions, please feel free to contact the Commission at (615) 253-8634 or e-mail us at <a href="ethics.counsel@state.tn.us">ethics.counsel@state.tn.us</a>. You must complete every item. Attach additional pages as necessary. Please note that the information listed on this Report will be posted on the Commission's website as required by T.C.A. § 3-6-303(3)(b).

| 1  | a.  | DATE OF DISCLOSURE 10/15/07  |
|----|-----|--|
|    | b.  | REPORTING PERIOD [check box]:   October 1 – March 31   April 1 – September 30  |
| 2. | a.  | NAME OF CORPORATION/ENTITY THE ARC OF TENNESSEE  |
|    | b.  | NAME OF CEO, CFO, or TITLE AND NAME of PERSON RESPONSIBLE FOR SUPERVISING LOBBYISTS  |
|    |     | RUTH ROBERTS, BOARD PRESIDENT - WALTER ROGERS, EXECUTIVE   |
| 3. | a.  | ADDRESS Street or Rural Route City State Zip Code  |
|    |     | 151 ATHENS WAY, SLITE 100, NASHVILLE, TN, 37228  |
|    | b.  | PHONE NUMBER 65/248-5878   |
| 4. | LOB | BYING INTERESTS  |
|    | a.  | List the general subject area(s) lobbied, e.g., "healthcare," "insurance," etc.  |
|    | -   | DSABILITY ISSUES   |
|    |     |  |
|    |     | r <sub>2</sub>   |
|    | b.  | Describe the general nature and interest of the entity employing or retaining lobbying services, e.g. insurance company," "professional association," etc. |
|    |     | STATE WIDE ASSOCIATION OF PEOPLE WITH DISABILITIES   |
| -  |     | AND THEIR FAMILIES.  |
|    |     |  |
|    |     |  |
|    |     |  |

5. TOTAL AGGREGATE LOBBYIST COMPENSATION. The term "compensation" is defined by T.C.A. § 3-6-301(7) as "... any salary, fee, payment, reimbursement or other valuable consideration, or any combination thereof, whether received or to be received; however, 'compensation' does not include the salary or reimbursement of an individual whose lobbying is incidental to that person's regular employment."

State the aggregate total amount of lobbyist compensation paid by the employer. For purposes of the disclosure, compensation paid to any lobbyist who performs duties for the employer in addition to lobbying and related activities shall be apportioned to reflect the lobbyist's time allocated for lobbying and related activities in this state (see more detailed definitions of "Lobbying," "Administrative Action" and "Legislative Action," and exceptions thereto, in T.C.A. § 3-6-301). Authority: T.C.A. § 3-6-303(a)(1)(A)-(K). (Check the appropriate box.)

| □ None                                       | <b>X</b> Less than \$10,000  |  |  |  |
|--|--|--|--|--|
| □ At least \$10,000 but less than \$25,000   | □ At least \$25,000 but less than \$50,000   |  |  |  |
| □ At least \$50,000 but less than \$100,000  | ☐ At least \$100,000 but less than \$150,000   |  |  |  |
| □ At least \$150,000 but less than \$200,000 | □ At least \$200,000 but less than \$250,000   |  |  |  |
| □ At least \$250,000 but less than \$300,000 | ☐ At least \$300,000 but less than \$350,000   |  |  |  |
| □ At least \$350,000 but less than \$400,000 | □ \$400,000 or more, round the aggregate total to the nearest fifty thousand dollars (\$50,000): |  |  |  |

6. **LOBBYIST NAMES.** List the names of the individual lobbyists who rendered services in the State of Tennessee. Indicate whether they are employed within your organization by checking the "In-House Lobbyist" box. Attach additional pages as needed. **Authority: T.C.A. § 3-6-303(a)(1).** 

| LOBBYIST NAME                     | IN-HOUSE LOBBYIST |
|-----------------------------------|-------------------|
| LOBBYIST NAME<br>WALTER F. ROCERS | ×                 |
| DALE WILLY                        |                   |
|                                   |                   |
|                                   |                   |

## 7. LOBBYING-RELATED EXPENDITURES

NOTE: For the purposes of this Report, any expenditure made for the purpose of achieving a multi-state effect shall be apportioned equally among those states.

Excluding lobbyist compensation (which is reported under 5), state the aggregate total of expenses paid directly by the employer to third party vendors, for the purpose of influencing legislative or administrative action through public opinion or grassroots action in the State of Tennessee. These expenditures include, but are not limited to, costs relating to printing, publishing, advertising, broadcasting, paid announcements, audiotapes, videotapes, compact discs, digital video discs, infomercials, rallies, demonstrations, seminars, lectures, conferences, postage, telephone related costs, internet services, public relations services, governmental relations services, polling services, travel expenses, grants to issue groups or grassroots organizations or any other expense incurred lobbying. Authority: T.C.A. § 3-6-303(a)(2)(A)-(K). (Check the appropriate box.)

| XNone  | □ Less than \$10,000   |
|--|--|
| □ At least \$10,000 but less than \$25,000   | □ At least \$25,000 but less than \$50,000   |
| □ At least \$50,000 but less than \$100,000  | □ At least \$100,000 but less than \$150,000   |
| □ At least \$150,000 but less than \$200,000 | □ At least \$200,000 but less than \$250,000   |
| □ At least \$250,000 but less than \$300,000 | □ At least \$300,000 but less than \$350,000   |
| □ At least \$350,000 but less than \$400,000 | □ \$400,000 or more, round the aggregate total to the nearest fifty thousand dollars (\$50,000): |



|                   |                        |                                      |                  |                            |                                       |                             | nt(s) which was o<br><b>A. § 3-6-303(a)(3).</b> | r should have beer      |
|-------------------|------------------------|--------------------------------------|------------------|----------------------------|---------------------------------------|-----------------------------|---|-------------------------|
|                   | No                     | EVENTS                               | What             | HELD                       | DURING                                | THIS                        | RESOUTH   | PERIOD                  |
|                   |                        |                                      |                  |                            |                                       |                             |   | •                       |
| 9.                | TO BE                  | SIGNED BY R                          | EPORTING         | OFFICIAL                   | _ (must be atte                       | sted to by                  | a witness)                                      |                         |
| best of           |                        | that the informativedge, informative |                  |                            | eport is true and                     | d that it is a              | complete and ac                                 | curate report to the    |
| W                 | altal                  | Roses                                | -                |                            |                                       |                             | 10/   | 15/07                   |
| Signat<br>Print N | ure of Pe<br>lame of P | rson Completing<br>erson: WACT       | Report (         | OCERS                      |                                       | _                           | Ď   | ate                     |
| accura            |                        | ndersigned, ack<br>best of my knov   |                  |                            |                                       | egoing Re                   | port and certify th                             | nat is complete and     |
| (h)               | ata                    | Nojus                                | <del></del>      |                            |                                       |                             | 10  | 15/07                   |
| Signat<br>Print N | ure of CE<br>lame of P | O CFO or Auth<br>erson: WALT         | norized Repr     | esentative<br>o GLLS       |                                       |                             | . D   | ate                     |
| l;                | Peggi<br>(Printed      | B.Cooper                             | , the<br>ess) CF | undersigned<br>O or Author | d, do hereby witi<br>rized Representa | ness the at<br>ative, which | pove signature of t<br>n was signed in m        | the CEO,<br>y presence. |
| Q                 | lezr                   | r B Coor                             | rer              |                            |                                       |                             | 10-15   | i-07                    |
| Signat            | ure of Vovi            | hess                                 |                  |                            |                                       |                             |   | Date                    |

AGGREGATE TOTAL OF ALL IN-STATE EVENTS



8.